

MEMORANDUM OF UNDERSTANDING UPDATE FORM

For Community and Independent Specialty Trainers

Directions: Please use this form to update your business information and to make any other changes. This will extend your Memorandum of Understanding for one year from the date that you and an HCS official signs and dates it.

Please sign and return to
ADSA/TCDU
P.O. Box 45600
Olympia, WA 98504-5600 or
FAX to 360-725-2646.

Thanks in advance. Your job is very important and integral to the caregivers within Washington State.

Name of Business, Training Administrator/Instructor:

Mailing Address:

City: **State:** **Zip Code:**

County: **Website:**

Telephone Number(s): /

Email: **Fax Number:**

Indicate below which class(es) you are providing:

CLASS	YES	NO
1. Revised Fundamentals of Caregiving-28 hour	<input type="checkbox"/>	<input type="checkbox"/>
2. Revised Fundamentals of Caregiving-alternate curriculum-varied hours	<input type="checkbox"/>	<input type="checkbox"/>
3. Modified Fundamentals of Caregiving Self-Study	<input type="checkbox"/>	<input type="checkbox"/>
4. Nurse Delegation for Nursing Assistants Self-Study	<input type="checkbox"/>	<input type="checkbox"/>
5. Dementia Caregiver Training-DSHS curriculum-20 hours	<input type="checkbox"/>	<input type="checkbox"/>
6. Dementia Manager Training-DSHS curriculum-20 hours	<input type="checkbox"/>	<input type="checkbox"/>
7. Dementia Caregiver Training-alternate curriculum-varied hours	<input type="checkbox"/>	<input type="checkbox"/>
8. Dementia Manager Training-alternate curriculum-varied hours	<input type="checkbox"/>	<input type="checkbox"/>
9. Mental Health Caregiver Training-DSHS curriculum-20 hours	<input type="checkbox"/>	<input type="checkbox"/>
10. Mental Health Manager Training-DSHS curriculum-20 hours	<input type="checkbox"/>	<input type="checkbox"/>
11. Mental Health Caregiver Training-alternate curriculum-varied hours	<input type="checkbox"/>	<input type="checkbox"/>
12. Mental Health Manager Training-alternate curriculum-varied hours	<input type="checkbox"/>	<input type="checkbox"/>
13. 48 Hour Administrator Training for Adult Family Home Providers	<input type="checkbox"/>	<input type="checkbox"/>

Please sign and date on the applicable line below:

Training Administrator's Signature and Date signed

HCS Official's Signature and Date signed

Instructor's Signature and Date signed

HCS Official's Signature and Date signed